

BID BOARD NOTICE - SMALL PROCUREMENT
MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Office of Planning

PROCUREMENT ID NUMBER: OPASS 10-10283

ISSUE DATE: July 17, 2009

TITLE: Maryland Medical Assistance Naming and Re-Branding

DUE DATE: July 22, 2009, 3:00 pm

BACKGROUND

The Maryland Department of Health and Mental Hygiene provides access to health care services for State residents. Services are provided through programs targeting low-income individuals, individuals with special health care needs, children and pregnant women. Over the past forty years, Maryland has used a variety of names to describe the programs it offers to various groups including: Medicaid, Medical Assistance, Medical Assistance for Pregnant Women, HealthChoice, CommunityChoice. With the expansion of health coverage programs, the numbers of names describing the services have increased as well.

To make the state health coverage system easier to navigate, Maryland has decided to create a umbrella name and brand for which all of the health coverage programs can be described. This umbrella branding will simplify print materials, save outreach cost and make it easier for consumers to understand the coverage offered by the Department of Health and Mental Hygiene.

MANDATORY REQUIREMENTS

The vendor must:

- Have previous experience working with State Medicaid programs on rebranding and naming projects;
- Be able to conduct in-person meetings with DHMH staff located in Baltimore, Maryland (though vendor will be located off-site for the majority of this project);

SCOPE OF WORK

The Department of Health and Mental Hygiene is seeking a vendor to work with staff to create a new overall name and tagline for all of Maryland's Medical Assistance programs.

DESCRIPTION OF SERVICE

The vendor will be responsible for working with the staff of the Health Care Financing Administration to create an appropriate name and tagline. This work will involve three rounds of revisions and will be complete with a final approval by DHMH of the name and tagline.

DELIVERABLES

- Create an appropriate name and tagline for Maryland Medical Assistance
- Provide three rounds of revisions for the program name and tagline.

PROPOSAL SUBMISSION INFORMATION

Offeror shall submit in separate sealed envelopes technical and financial proposals in the following manner:

1. Two originals (to be so labeled) and two copies (one unbound and marked "PIA Copy") of the technical proposal should be in a sealed envelope labeled "Technical Proposal"
2. Two originals (to be so labeled) and two copies (one unbound and marked "PIA Copy") of the financial proposal should be in a sealed envelope clearly labeled "Financial Proposal"
3. Each envelope should also be labeled with the following:
 - Offeror's name and business address
 - Due date/time for receipt of proposals
 - Title of the RFP

The technical proposal shall include:

- A. Background Information
 - Organization name
 - Name, address, telephone number, e-mail address, fax number, and position/ title of the individual who will serve as the primary contact for the contract
 - Offeror's Federal Identification Number
 - All pages in the technical proposal must be numbered, either consecutively from beginning to end, or consecutively by section
- B. Proposed project scope, team, and work plan based on the organization's assessment of the task mentioned above
- C. Corporate Capabilities/Qualifications with similar projects
- D. Samples of Rebranding and Naming work
- E. References from at least three prior clients

The financial proposal shall include:

- A. Total cost for the proposal, including direct and indirect expenses

EVALUATION CRITERIA

The following evaluation criteria are listed in descending order of importance:

- A. Related experience and knowledge
 - Experience working with other states or foundations on health coverage branding and naming projects;
 - Experience working with government agencies on branding and naming projects; and,
 - Experience in social marketing and communications.
- B. Proposed work plan consisting of dates and descriptions of project progression stages or periods
- C. Cost

CONTRACT TERM

All work needs to be completed by August 21, 2009.

PAYMENT TERMS/BILLING

The Contractor will bill the Department after satisfactory completion of the project deliverables and receipt of the final itemized invoice from the Contractor.

AWARD

Awards will be made to the responsible Offeror whose proposal presents the most advantageous offer to the State.

SUBMISSION DEADLINE:

Wednesday, July 22, 2009, 3 pm

PROCUREMENT OFFICER

Sharon Gambrill, CPPB
Procurement Officer
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Department of Health and Mental Hygiene
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410-767-5816

CONTRACT MONITER/POINT OF CONTACT

Rebecca Perry
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201 W. Preston Street
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ISSUING OFFICE

Queen Davis, CPPB
Contract Officer
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Department of Health and Mental Hygiene
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**FINANCIAL PROPOSAL
OFFICE OF PLANNING
OPASS 10-10283**

Contract Term July 23, 2009 to August 21, 2009

\$_____

(Note: This must be a fully loaded amount to include all deliverables outlined in the Notice)

Name of Vendor

Address (Street, City, State)

FEIN/SSN